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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)						Application Number		Filing Date		
						Applicant(s) VANDERZEE, J. C. ET AL.				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	Ind.						51			
2		11					52			
3		2					53			
4		3					54			
5		4					55			
6		5					56			
7		6					57			
8		6					58			
9		6					59			
10		1					60			
11	Ind.						61			
12		11					62			
13		11					63			
14		13					64			
15		14					65			
16	Ind.						66			
17		16					67			
18		17					68			
19	Ind.						69			
20		19					70			
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47							97			
48							98			
49							99			
50							100			
Total Indep	4						Total Indep			
Total Depend	16						Total Depend			
Total Claims	20						Total Claims			

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